Name (print)

Office (if applicable)

District (if applicable)

#### Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

| DATE OF EACH CONTRIBUTION | AMOUNT OF EACH CONTRIBUTION | CHECK HERE<br>IF LOAN            |
|---------------------------|-----------------------------|----------------------------------|
| Aug - 27-02               | A 564.55                    |                                  |
|                           |                             |                                  |
|                           |                             |                                  |
| 10-1-02                   | A 500 .00                   | :                                |
|                           |                             |                                  |
|                           |                             |                                  |
|                           |                             |                                  |
|                           |                             |                                  |
|                           |                             |                                  |
| . 100                     |                             |                                  |
|                           |                             |                                  |
|                           | CONTRIBUTION Aug - 27-02    | Contribution  Aug 27-02  8564.65 |

This page may be copied or duplicated if additional space is needed.

PAGE 2 OF 1

Name (print) Office (if applicable) District (if applicable)

### Contributions of \$100 or Less

| DATE OF EACH CONTRIBUTION | AMOUNT<br>OF EACH<br>CONTRIBUTION |
|---------------------------|-----------------------------------|
|                           |                                   |
|                           |                                   |
|                           |                                   |
| M                         | X                                 |
|                           |                                   |
|                           |                                   |
|                           |                                   |
|                           |                                   |
|                           |                                   |
|                           |                                   |
|                           |                                   |
|                           |                                   |
|                           |                                   |
|                           |                                   |

| DATE<br>OF EACH<br>CONTRIBUTION       | AMOUNT<br>OF EACH<br>CONTRIBUTION |
|---------------------------------------|-----------------------------------|
|                                       |                                   |
|                                       |                                   |
| NOVE                                  |                                   |
|                                       |                                   |
| · · · · · · · · · · · · · · · · · · · |                                   |
|                                       |                                   |
|                                       |                                   |
|                                       |                                   |
|                                       |                                   |
|                                       |                                   |

Name (print)

Office (if applicable)

District (if applicable)

#### **Expense Categories**

| CATEGORIES  | CODE |
|---|------|
| Office expenses   | A    |
| Expenses related to volunteers  | В    |
| Expenses related to travel  | С    |
| Expenses related to advertising   | D    |
| Expenses related to paid staff  | E    |
| Expenses related to consultants   | F    |
| Expenses related to polling   | G    |
| Expenses related to special events  | Н    |
| ** Goods and services provided in kind for which money would otherwise have been paid | ı    |
| Other miscellaneous expenses  | J    |

<sup>\*\*</sup> NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

Name (print)

Office (if applicable)

District (if applicable)

### Expenses in Excess of \$100

| NAME AND ADDRESS OF<br>PERSON, GROUP OR<br>ORGANIZATION WHO RECEIVED<br>THE PAYMENT FOR THE<br>EXPENSE(S) | CATEGORY<br>(See Previous Page)<br>NRS 294A.365 | DATE OF EACH<br>EXPENSE | · AMOUNT OF<br>EACH EXPENSE |
|---|---|-------------------------|-----------------------------|
| MIKE SLATER<br>1817 LIGHT ISLOOM ST<br>LAS VEGUES NEW 87131   | J   | 10-1-02                 | \$500 °C                    |
| TERRY LUMURAGLIA<br>8520 WASH GERN RA<br>LAS VEGUS NEU 89149  | J   | 8-27-02                 | 8 564 .ºº                   |
|   | DONATIONS                                       |                         |                             |
|   |   |                         |                             |
|   |   |                         |                             |
|   |   |                         |                             |
|   |   |                         |                             |
|   |   |                         |                             |
|   |   |                         |                             |
|   |   |                         |                             |

This page may be copied or duplicated if additional space is needed.

PAGE 5 OF

Name (print)

Office (if applicable)

District (if applicable)

# Expenses of \$100 or Less

| DATE<br>OF EACH<br>EXPENSE | AMOUNT<br>OF EACH<br>EXPENSE | CATEGORY |
|----------------------------|------------------------------|----------|
|                            |                              |          |
|                            |                              |          |
|                            | N                            | 7        |
|                            | / / / /                      |          |
|                            |                              |          |
|                            |                              |          |
|                            |                              |          |
|                            |                              |          |
|                            |                              |          |
|                            |                              |          |
|                            |                              |          |

| DATE                                    | AMOUNT  |          |
|---|---------|----------|
| OF EACH                                 | OF EACH | CATEGORY |
| EXPENSE                                 | EXPENSE |          |
|   |         |          |
|   |         |          |
|   |         |          |
|   |         |          |
|   |         |          |
|   |         |          |
|   |         |          |
| . 1                                     | ONE     |          |
| $\mathcal{H}$                           |         |          |
| ///                                     |         |          |
| (                                       |         |          |
|   |         |          |
|   |         |          |
|   |         |          |
|   |         |          |
|   |         |          |
|   |         |          |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |         |          |
|   |         |          |
|   |         |          |
|   |         |          |
|   |         |          |
|   |         |          |
|   |         |          |
|   |         |          |
|   |         |          |
|   |         |          |
|   |         |          |

# IN KIND CONTRIBUTIONS AND EXPENSES REPORT

NRS 294A.362 REQUIRES IN KIND CONTRIBUTIONS AND EXPENSES TO BE REPORTED SEPARATELY. REPORT ALL IN KIND CONTRIBUTION AND EXPENSES ON THE FOLLOWING PAGES.

# IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a vritten statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

**Examples of in kind contributions:** (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

**Example of in kind expenses:** (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

PAGE 7 OF 1

| lam | e () | orin | t) |
|-----|------|------|----|

Office (if applicable)

District (if applicable)

# **IN KIND**

# Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

| CONTRIBUTOR'S NAME AND ADDRESS            | DATE OF EACH<br>IN KIND<br>CONTRIBUTION | DESCRIPTION OF EACH IN KIND CONTRIBUTION | VALUE OR COST OF EACH IN KIND CONTRIBUTION | CHECK<br>HERE<br>IF<br>LOAN |
|---|---|--|--|-----------------------------|
| HTERS<br>38<br>BLVD.<br>89146             | 9-22-02                                 | Build Signs                              | 800.40<br>B                                |                             |
| RE FIGHT<br>AL 1908<br>STON BL<br>VADA 89 | 9-22-02                                 | Build Signs                              | 280.14<br>B                                |                             |
| UNTY F. LOC.                              | 9-22-02                                 | Build Signis                             | 360 ·18                                    |                             |
| CLARK CO<br>LA.F<br>3200 W. C<br>LAS VEG  | 9-22-02                                 | Build Signes                             | 630. <u>30</u><br>B                        |                             |
| 9 -                                       | 9-06-02                                 | PAID FOR SIGNS AND PRINTING              | 826.63<br>D                                |                             |
|   | 9-06-02                                 | Paid FOR Food<br>+ Drink                 | 121.10 J                                   |                             |
|   | WORK OR by hoen                         | . •                                      | d FOR                                      |                             |
|   |   |  |  |                             |
|   |   |  |  |                             |

lame (print)

Office (if applicable)

District (if applicable)

# **IN KIND**

#### Contributions of \$100 or Less

| DATE OF EACH IN KIND CONTRIBUTION     | DESCRIPTION OF IN KIND CONTRIBUTION | VALUE OR COST OF EACH IN KIND CONTRIBUTION |
|---------------------------------------|-------------------------------------|--|
|                                       |                                     |  |
| MA                                    |                                     |  |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | NONE                                |  |
|                                       |                                     |  |
|                                       |                                     |  |
|                                       |                                     |  |
|                                       |                                     |  |
|                                       |                                     |  |

Vame (print)

Office (if applicable)

District (if applicable)

# **IN KIND**

### Expenses in Excess of \$100

| NAME AND ADDRESS OF<br>PERSON, GROUP OR<br>ORGANIZATION WHO RECEIVED<br>THE IN KIND GOOD(S) OR<br>SERVICE(S) | DESCRIPTION<br>OF EACH<br>IN KIND<br>EXPENSE | DATE OF<br>EACH<br>IN KIND<br>EXPENSE | VALUE OR COST OF EACH IN KIND EXPENSE |
|--|--|---------------------------------------|---------------------------------------|
| John Hunt  | J  | 9-6-02                                | 121.10                                |
| TERRY LAMERAGLIA<br>8520 WASH BURN Rd<br>LAS VEGAS NEW 87149   | D  | 9-6-02                                | 306 16                                |
| ERIN KENNY   | D  | 9-6-02                                | 520 47                                |
|  |  |                                       |                                       |
|  |  |                                       |                                       |
|  |  |                                       |                                       |
|  |  |                                       |                                       |
|  |  |                                       |                                       |

Vame (print)

Office (if applicable)

District (if applicable)

#### **IN KIND**

# Expenses of \$100 or Less

| DATE OF EACH IN KIND EXPENSE | VALUE OR COST OF EACH IN KIND EXPENSE     | DESCRIPTION OF EACH IN KIND EXPENSE |
|------------------------------|---|-------------------------------------|
|                              |   |                                     |
| MA                           | MONE                                      |                                     |
|                              |   |                                     |
|                              |   |                                     |
|                              |   |                                     |
|                              |   |                                     |
|                              |   |                                     |
|                              | he copied or duplicated if additional spa |                                     |

This page may be copied or duplicated if additional space is needed.

Prescribed by Secretary of State NRS 294A.120, 294A.140, 294A.150 294A.200, 294A.210, 294A.220, 294A.362

PAGE // OF //